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| | 136 |
| ARIZONA ST | ATE BOARD OF HEALTH State File No. |
| | AU OF VITAL STATISTICS Registered No. |
| PLACE OF BIRTH STANDAR | RD CERTIFICATE OF BIRTH |
| ounty Gila | State angons |
| Land Man. | or Village |
| strict or Township | Ward St., Ward If birth occurred in a hospital or institution, give its NAME instead of street and number) |
| tyNo. | if birth occurred in a hospital or institution, give its NAME instead of street and number) |
| la Camer | If child is not yet named, make supplemental report, as directed. |
| Pull name of child | 7 |
| Ser of Curre [10 De Answeren Outpr] | of blth. |
| in event of plural births. 5. No., in order | er of birth Month Day Year |
| FATHER | 14. MOTHER |
| FATHER | Full maiden name Bertha Treniso |
| ull name Jac Paniriz | |
| | 15. Residence (Usual place of abode) Miann . Angohi |
| Residence (Usual place of abode) Mianni , ang | If non-resident, give place and state. |
| If non-resident, give place and state. | |
| O. Color or race | 16. Color of race |
| ** - · | Mexican 17. Age at last birthday L. (Years) |
| Muxica: 11. Age at last birthday 40 | (Years) |
| | 18. Birthplace (city or place) |
| 12. Birthplace (city or place) | (State or country) Thui to |
| (State or country) They: Co | (State or county) |
| 13 Occupation miner | 19. Occupation Housemita |
| <i>v</i> | Nature of industry |
| Nature of Industry Cappe | [18 Hor) (18 |
| 20. Number of children of this mother (a) E | Born silve and now living 21. Were precautions taken against opti- thalmia neonatorum? |
| 20. Number of Contract of Cont | Born alive but now dead |
| (Taken as of time of birth of child herein (c) Scriffed and including this child.) | Stillborn |
| CERTIFICATE OF | ATTENDING PHYSICIAN OR MIDWIFE* 10, on the date shore stated. |
| I hereby certify that I attended the birth of this child, who | (Born alive opetillhora.) The public |
| | |
| or midwife, then the name, A stillborn | mo mo |
| ctc., should make this tetture. A standard nor child is one that neither breathes nor shows other evidence of life after birth. | (Physician oc midwife). |
| | Address Miani / angain |
| Given name added from a supplemental report | Address |
| Monto, any, year | Filed 200/1 1929 Le Co Registrar |
| Registrar | . (40) (|
| 100 | -1109-251 |
| | 11 12 1 |